



# **FEE TRANSMITTAL for FY 2004**

*Effective 10/01/2003. Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 1720.00)

|                         |            |                     |                       |
|-------------------------|------------|---------------------|-----------------------|
| TOTAL AMOUNT OF PAYMENT | \$ 1720.00 | Attorney Docket No. | HI03029USU (P99005US) |
|-------------------------|------------|---------------------|-----------------------|

| METHOD OF PAYMENT (check all that apply)  |   |  |                                |  | FEE CALCULATION (continued) |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
|---|---|--|--------------------------------|--|-----------------------------|----------------|--|----------|--|----------|----------|----------|----------|-----------------|--|--|--|--|--|------|-----|------|----|-------------------------------------|--|--|--|--|--|------|----|------|----|--|--|--|--|--|--|------|-----|------|-----|---------------------------|--|--|--|--|--|------|-------|------|-------|---|--|--|--|--|--|------|------|------|------|--|--|--|--|--|--|------|--------|------|--------|---|--|--|--|--|--|------|-----|------|----|--|--|--|--|--|--|------|-----|------|-----|---|--|--|--|--|--|------|-----|------|-----|--|--|--|--|--|--|------|-------|------|-----|---|--|--|--|--|--|------|-------|------|-------|--|--|--|--|--|--|------|-----|------|-----|------------------|--|--|--|--|--|------|-----|------|-----|--|--|--|--|--|--|------|-----|------|-----|--------------------------|--|--|--|--|--|------|-------|------|-------|---|--|--|--|--|--|------|-----|------|----|----------------------------------|--|--|--|--|--|------|-------|------|-----|------------------------------------|--|--|--|--|--|------|-------|------|-----|--------------------------------|--|--|--|--|--|------|-----|------|-----|------------------|--|--|--|--|--|------|-----|------|-----|-----------------|--|--|--|--|--|------|-----|------|-----|-------------------------------|--|--|--|--|--|------|----|------|----|-------------------------------------|--|--|--|--|--|------|-----|------|-----|---|--|--|--|--|--|------|----|------|----|--|--|--|--|--|--|------|-----|------|-----|---|--|--|--|--|--|------|-----|------|-----|--|--|--|--|--|--|------|-----|------|-----|---|--|--|--|--|--|------|-----|------|-----|---|--|--|--|--|--|--------|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> Check  | <input checked="" type="checkbox"/> Credit card | <input type="checkbox"/> Money Order                       | <input type="checkbox"/> Other | <input type="checkbox"/> None  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> Deposit Account:  |   |  |                                |  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| Deposit Account Number<br>502542<br><hr/> The Eclipse Group   |   |  |                                |  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| The Director is authorized to: (check all that apply)<br><input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.  |   |  |                                |  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| FEE CALCULATION   |   |  |                                |  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1. BASIC FILING FEE   |   |  |                                |  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| Large Entity  |   | Small Entity   |                                | Fee Description  |                             | Fee Paid       |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| Fee Code (\$)   | Fee Code (\$)                                   | Fee Code (\$)  | Fee Code (\$)                  |  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1001 770  | 2001 385  | Utility filing fee   |                                |  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1002 340  | 2002 170  | Design filing fee  |                                |  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1003 530  | 2003 265  | Plant filing fee   |                                |  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1004 770  | 2004 385  | Reissue filing fee   |                                |  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1005 160  | 2005 80   | Provisional filing fee                                     |                                |  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
|   |   | SUBTOTAL (1) (\$)  |                                |  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE   |   |  |                                |  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| Total Claims  |   | Independent Claims   |                                | Extra Claims   |                             | Fee from below |  | Fee Paid |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
|   |   |  |                                | -20** =  |                             | X              |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
|   |   |  |                                | -3** =   |                             | X              |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| Multiple Dependent  |   |  |                                |  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| Large Entity  |   | Small Entity   |                                | Fee Description  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| Fee Code (\$)   | Fee Code (\$)                                   | Fee Code (\$)  | Fee Code (\$)                  |  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1202 18   | 2202 9  | Claims in excess of 20                                     |                                |  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1201 86   | 2201 43   | Independent claims in excess of 3                          |                                |  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1203 290  | 2203 145  | Multiple dependent claim, if not paid                      |                                |  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1204 86   | 2204 43   | ** Reissue independent claims over original patent         |                                |  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1205 18   | 2205 9  | ** Reissue claims in excess of 20 and over original patent |                                |  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
|   |   | SUBTOTAL (2) (\$)  |                                |  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| Other fee (specify) _____   |   |  |                                |  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| *Reduced by Basic Filing Fee Paid   |   |  |                                |  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| DEC 01 2  |   |  |                                |  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| Technology Cen  |   |  |                                |  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th colspan="6">Fee Description</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td colspan="6">Surcharge - late filing fee or oath</td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td colspan="6">Surcharge - late provisional filing fee or cover sheet</td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td colspan="6">Non-English specification</td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td colspan="6">For filing a request for ex parte reexamination</td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td colspan="6">Requesting publication of SIR prior to Examiner action</td> </tr> <tr> <td>1805</td> <td>1,840*</td> <td>1805</td> <td>1,840*</td> <td colspan="6">Requesting publication of SIR after Examiner action</td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td colspan="6">Extension for reply within first month</td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>210</td> <td colspan="6">Extension for reply within second month</td> </tr> <tr> <td>1253</td> <td>950</td> <td>2253</td> <td>475</td> <td colspan="6">Extension for reply within third month</td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>2254</td> <td>740</td> <td colspan="6">Extension for reply within fourth month</td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>2255</td> <td>1,005</td> <td colspan="6">Extension for reply within fifth month</td> </tr> <tr> <td>1401</td> <td>330</td> <td>2401</td> <td>165</td> <td colspan="6">Notice of Appeal</td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> <td colspan="6">Filing a brief in support of an appeal</td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> <td colspan="6">Request for oral hearing</td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td colspan="6">Petition to institute a public use proceeding</td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td colspan="6">Petition to revive - unavoidable</td> </tr> <tr> <td>1453</td> <td>1,330</td> <td>2453</td> <td>665</td> <td colspan="6">Petition to revive - unintentional</td> </tr> <tr> <td>1501</td> <td>1,330</td> <td>2501</td> <td>665</td> <td colspan="6">Utility issue fee (or reissue)</td> </tr> <tr> <td>1502</td> <td>480</td> <td>2502</td> <td>240</td> <td colspan="6">Design issue fee</td> </tr> <tr> <td>1503</td> <td>640</td> <td>2503</td> <td>320</td> <td colspan="6">Plant issue fee</td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td colspan="6">Petitions to the Commissioner</td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td colspan="6">Processing fee under 37 CFR 1.17(q)</td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td colspan="6">Submission of Information Disclosure Stmt</td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td colspan="6">Recording each patent assignment per property (times number of properties)</td> </tr> <tr> <td>1809</td> <td>770</td> <td>2809</td> <td>385</td> <td colspan="6">Filing a submission after final rejection (37 CFR 1.129(a))</td> </tr> <tr> <td>1810</td> <td>770</td> <td>2810</td> <td>385</td> <td colspan="6">For each additional invention to be examined (37 CFR 1.129(b))</td> </tr> <tr> <td>1801</td> <td>770</td> <td>2801</td> <td>385</td> <td colspan="6">Request for Continued Examination (RCE)</td> </tr> <tr> <td>1802</td> <td>900</td> <td>1802</td> <td>900</td> <td colspan="6">Request for expedited examination of a design application</td> </tr> <tr> <td colspan="10" style="text-align: right;">950.00</td> </tr> </tbody> </table> |   |  |                                |  |                             |                |  |          |  | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description |  |  |  |  |  | 1051 | 130 | 2051 | 65 | Surcharge - late filing fee or oath |  |  |  |  |  | 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet |  |  |  |  |  | 1053 | 130 | 1053 | 130 | Non-English specification |  |  |  |  |  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for ex parte reexamination |  |  |  |  |  | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action |  |  |  |  |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action |  |  |  |  |  | 1251 | 110 | 2251 | 55 | Extension for reply within first month |  |  |  |  |  | 1252 | 420 | 2252 | 210 | Extension for reply within second month |  |  |  |  |  | 1253 | 950 | 2253 | 475 | Extension for reply within third month |  |  |  |  |  | 1254 | 1,480 | 2254 | 740 | Extension for reply within fourth month |  |  |  |  |  | 1255 | 2,010 | 2255 | 1,005 | Extension for reply within fifth month |  |  |  |  |  | 1401 | 330 | 2401 | 165 | Notice of Appeal |  |  |  |  |  | 1402 | 330 | 2402 | 165 | Filing a brief in support of an appeal |  |  |  |  |  | 1403 | 290 | 2403 | 145 | Request for oral hearing |  |  |  |  |  | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding |  |  |  |  |  | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable |  |  |  |  |  | 1453 | 1,330 | 2453 | 665 | Petition to revive - unintentional |  |  |  |  |  | 1501 | 1,330 | 2501 | 665 | Utility issue fee (or reissue) |  |  |  |  |  | 1502 | 480 | 2502 | 240 | Design issue fee |  |  |  |  |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  |  |  |  |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  |  |  |  |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  |  |  |  |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  |  |  |  |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  |  |  |  |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR 1.129(a)) |  |  |  |  |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR 1.129(b)) |  |  |  |  |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  |  |  |  |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  |  |  |  |  | 950.00 |  |  |  |  |  |  |  |  |  |
| Fee Code  | Fee (\$)  | Fee Code   | Fee (\$)                       | Fee Description  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1051  | 130   | 2051   | 65                             | Surcharge - late filing fee or oath  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1052  | 50  | 2052   | 25                             | Surcharge - late provisional filing fee or cover sheet                     |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1053  | 130   | 1053   | 130                            | Non-English specification  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1812  | 2,520   | 1812   | 2,520                          | For filing a request for ex parte reexamination                            |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1804  | 920*  | 1804   | 920*                           | Requesting publication of SIR prior to Examiner action                     |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1805  | 1,840*  | 1805   | 1,840*                         | Requesting publication of SIR after Examiner action                        |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1251  | 110   | 2251   | 55                             | Extension for reply within first month                                     |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1252  | 420   | 2252   | 210                            | Extension for reply within second month                                    |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1253  | 950   | 2253   | 475                            | Extension for reply within third month                                     |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1254  | 1,480   | 2254   | 740                            | Extension for reply within fourth month                                    |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1255  | 2,010   | 2255   | 1,005                          | Extension for reply within fifth month                                     |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1401  | 330   | 2401   | 165                            | Notice of Appeal   |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1402  | 330   | 2402   | 165                            | Filing a brief in support of an appeal                                     |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1403  | 290   | 2403   | 145                            | Request for oral hearing   |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1451  | 1,510   | 1451   | 1,510                          | Petition to institute a public use proceeding                              |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1452  | 110   | 2452   | 55                             | Petition to revive - unavoidable   |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1453  | 1,330   | 2453   | 665                            | Petition to revive - unintentional   |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1501  | 1,330   | 2501   | 665                            | Utility issue fee (or reissue)   |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1502  | 480   | 2502   | 240                            | Design issue fee   |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1503  | 640   | 2503   | 320                            | Plant issue fee  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1460  | 130   | 1460   | 130                            | Petitions to the Commissioner  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1807  | 50  | 1807   | 50                             | Processing fee under 37 CFR 1.17(q)  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1806  | 180   | 1806   | 180                            | Submission of Information Disclosure Stmt                                  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 8021  | 40  | 8021   | 40                             | Recording each patent assignment per property (times number of properties) |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1809  | 770   | 2809   | 385                            | Filing a submission after final rejection (37 CFR 1.129(a))                |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1810  | 770   | 2810   | 385                            | For each additional invention to be examined (37 CFR 1.129(b))             |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1801  | 770   | 2801   | 385                            | Request for Continued Examination (RCE)                                    |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 1802  | 900   | 1802   | 900                            | Request for expedited examination of a design application                  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |
| 950.00  |   |  |                                |  |                             |                |  |          |  |          |          |          |          |                 |  |  |  |  |  |      |     |      |    |                                     |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |                           |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |      |      |      |  |  |  |  |  |  |      |        |      |        |   |  |  |  |  |  |      |     |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |       |      |     |   |  |  |  |  |  |      |       |      |       |  |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |                          |  |  |  |  |  |      |       |      |       |   |  |  |  |  |  |      |     |      |    |                                  |  |  |  |  |  |      |       |      |     |                                    |  |  |  |  |  |      |       |      |     |                                |  |  |  |  |  |      |     |      |     |                  |  |  |  |  |  |      |     |      |     |                 |  |  |  |  |  |      |     |      |     |                               |  |  |  |  |  |      |    |      |    |                                     |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |    |      |    |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |  |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |      |     |      |     |   |  |  |  |  |  |        |  |  |  |  |  |  |  |  |  |

2000-01

*\*\*or number previously paid, if greater; For Reissues, see above*

**SUBTOTAL (3) (\$)** 1720.00

**SUBMITTED BY**

**(Complete if applicable)**

Name (Print/Type)

Sander H. Hammond

Registration No.  
(Attorney/Agent)

11 814

*Telephone 818-831-9431*

www.viva

Telephone 818-831-9431

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTQ-2038.**

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS.  
**SEND TO:** Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.